

STATE OF DELAWARE EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	<h1 style="margin: 0;">ANNUAL FACILITY FORM</h1>	Approved 12/1992 Last Updated 11/26/2008	PAGE OF
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<b>1. FACILITY IDENTIFICATION</b>				<b>2. OWNER/OPERATOR</b>			
1.1 Corporate Name				2.1 Name			
1.2 Facility/Site Name				2.2 Mail Address			
1.3 Physical Location/Street				2.3 City		2.4 State	
1.4 Development/Industrial Park				2.5 Zip		2.6 Phone	
1.5 City				3. COMPLIANCE CONTACT/PREPARER			
1.6 State				3.1 Name			
1.7 Zip				3.2 Title			
1.8 County				3.3 Mail Address			
1.9 EIN				3.4 City			
1.10 Dun & Brad				3.5 State			
1.11 NAICS Code(s) Or Business Description				3.6 Zip			
				3.7 Phone			

4. EMERGENCY CONTACTS		4.1 Site Phone	4.2 Site Fax Phone		
	4.3 Name	4.4 Title	4.5 Work Phone	4.6 24-Hr. Ph.	4.7 Pager #
CONTACT #1 (Mandatory)					
CONTACT #2 (Mandatory)					
CONTACT #3 (Mandatory)					
CONTACT #4 (Optional)					
CONTACT #5 (Optional)					

<b>5. REPORTING STATUS</b>				<b>6. REPORTING FEE SUMMARY</b> <span style="float: right;">N/A <input type="checkbox"/></span>			
5.1 Reporting Period      This Report Covers From January 1 To December 31, 20____				6.1 Exempt Government Facility?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
5.2 Reporting Status - Check Option A, B, or C below				6.2 Exempt Non-Profit Facility?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
OPTION A: <input type="checkbox"/> No chemicals on site. Submitting annual facility form only	OPTION B: <input type="checkbox"/> Chemicals on site but not reportable. Submitting annual facility form only	OPTION C: <input type="checkbox"/> Reportable chemicals on site. Submitting annual chemical inventory form(s) and plot plan with this form		6.3 # of Hazardous Chemicals		X \$40 =	
				6.4 # of Ext. Haz. Substances		X \$80 =	
				6.5 # of Mixtures <10% EHS		X \$40 =	
				6.6 # of Mixtures ≥10% EHS		X \$80 =	
				6.7 # of M.V.F. for Retail Sale		Exempt	-----
5.3 Optional Attachments - If checked Option C under 5.2 answer the following      N/A <input type="checkbox"/>				6.8 Total Reporting Fee Due			
List of site coordinate abbreviations attached?      YES <input type="checkbox"/> NO <input type="checkbox"/>							
Description of dikes and other safeguard measures attached?      YES <input type="checkbox"/> NO <input type="checkbox"/>							

**7. CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)**

I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the information submitted is true, accurate and complete.

Name and Title of Owner/Operator OR Owner/Operator's Authorized Representative

Signature

Date Signed